

# SMOKING HABITS IN PROFESSIONAL FOOTBALL

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## ABSTRACT

In a questionnaire study of 1,559 English professional footballers, the incidence of cigarette smoking was found to be much lower than the national average. Of those surveyed only 5% admitted to cigarette smoking. Smoking was much lower in First Division Clubs (3.2%), and higher in Fourth Division Clubs (6.9%). It is suggested that these figures could be used in a national campaign to promote non-smoking amongst young people who follow football.

## INTRODUCTION

The hazards of smoking ranging from coronary artery disease to lung cancer are well known and recent figures now confirm that smokers are in the minority in every class of the community. In fact, only 38% of men over the age of 16 admit to being cigarette smokers according to the OPCS Monitor in 1983. In this study we have set out to establish whether or not smoking habits are lower in a group of professional sportsmen compared with the national average.

## METHODS

Medical staff of all ninety-two Football League Clubs in England and Wales were asked to complete a questionnaire regarding the smoking habits of their players. The following questions were asked:

1. "Do any players smoke?"
2. "If no, did they smoke but have been required to give up as a result of their sporting activity?"
3. "If yes, how many players smoke of your pool?"

Clubs which did not reply were mailed a second time. In addition 10% of players were questioned randomly separately to check the accuracy of the questionnaire.

## RESULTS

Seventy-four clubs completed the questionnaire of the ninety-two mailed (80.4%) — Division 1 = 18, Division 2 = 19, Division 3 = 19, Division 4 = 18). Thirty-three clubs confirmed that at least one player smoked. Forty-one clubs had no players who smoked.

The total number of players confirmed as cigarette smokers was seventy-eight. Only one player was reported to be a cigar smoker.

Only one club reported that a smoker had to give up as a result of his sporting activities, indicating that of the clubs with no smokers at all, most players had never smoked.

The figures for the total number of players registered to play in the Football League are shown in Table I (Football League data, January 1985). The number of players surveyed by the completed questionnaires is estimated at 1,559. In Table II the distribution of smokers by division is demonstrated and the percentage of smoking players in each division is also shown in this Table.

TABLE I

Number of clubs completing the questionnaire and an estimate of the number of players surveyed

Division	No. of Clubs	No. of Players	No. of Replies	Estimated No. of Players Surveyed
1	22	599	18 (82%)	491
2	22	483	19 (86%)	415
3	24	461	19 (79%)	364
4	24	385	18 (75%)	289
Total	92	1,928	74 (80%)	1,559

TABLE II

Distribution of cigarette smokers in the Football League clubs, broken down by the Division in which they play

Division	No. of Clubs with Cigarette Smokers	No. of Cigarette Smokers	Total No. of Players Surveyed	% Smokers
1	6 (27%)	16	491	3.2
2	8 (36%)	20	415	4.8
3	8 (33%)	22	364	6.0
4	10 (42%)	20	289	6.9
Total	32 (36%)	78	1,559	5.0

Of 150 players questioned separately none admitted to cigarette smoking.

## DISCUSSION

This study shows that approximately 5% of professional footballers in the Football League smoke cigarettes. When this figure is compared with the national average of 38% (admitted cigarette smoking in men), it would appear that men who play professional football may consider smoking to be detrimental to their physical performance or

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alternatively may come from a non-smoking group of the general population. However, many professional footballers are from social classes 4 and 5 which have the highest incidence of cigarette smoking in the country. The playing of their sport may then be the reason for non-smoking in this group of young men.

It was further noted that far fewer (3.2%) professionals playing soccer in the First Division smoke compared to those playing in the lower divisions (Division 4, 6.9% smoke cigarettes). So the percentage of smokers would seem to increase as the standard of play decreases.

In order to maintain the highest level of performance physical fitness is essential and smoking cigarettes has a detrimental effect on cardio-respiratory efficiency, muscle tone and even mental performance (Domino, 1973). Impairment of respiratory function can be detected in young adult males after only a few years of smoking as described in the Surgeon General's report on smoking and health in 1979. The most successful teams recently — Liverpool, Everton, Chelsea, Ipswich Town, Leeds United, Newcastle United, Nottingham Forest, Southampton, Sheffield Wednesday, Watford, West Ham United and West

Bromwich Albion — have no smokers at all

We believe there is a clear message. Smoking damages your health. Professional soccer requires a high level of physical and mental fitness and most professional footballers do not smoke. Much is spoken about the negative sides of football and football hooliganism. Perhaps this more positive side of football should be promoted and young children should emulate their heroes by also following their lead in not smoking cigarettes.

#### ACKNOWLEDGEMENTS

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#### References

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- Surgeon General, 1979. Smoking and Health. Department of Health, Education and Welfare, Publ. No. (PHS) 79-50066, Washington DC.

#### BOOK REVIEW

**Title:** FITNESS AND HEALTH IN INDUSTRY. *Medicine and Sport Science Vol. 21*  
**Author:** Roy J. Shephard  
**Publishers:** Karger  
 Price: \$85.00 ISBN 3-8055-4086-8

I found this an interesting but, in the end, a slightly frustrating book to read. It builds a bridge between the specialist in Sports Medicine and the occupational physician where none has, to my knowledge, previously existed. It can be read with interest and profit by both.

The opening chapter gives a good overview of fitness in industry quoting sources from all the developed countries including the Soviet Union and China. In all chapters there are memorable quotations, I have space only for two: McKeown's assertion that almost all the advances in life expectancy are due to improved public health and the listing of Lalonde's nine hypotheses leading to better health.

But, as one well-documented chapter succeeds another — there are 42 references to the author's own work and 45 pages of references — one looks in vain for the author's summing-up at the end of each chapter of the wealth of information so assiduously culled, some indication of his own views, even his prejudices.

The third chapter contains a useful discourse on stress, job demands, sickness and absenteeism and although, like the book as a whole, strongly coloured by North American experience, much of the carefully distilled wisdom is of relevance and interest to the British reader.

The next chapter, discussing current attitudes to leisure, quotes some telling figures about perceived barriers actually to translating intention into exercise.

The sixth chapter on physical fitness assessment is a most useful review of current methodology although Western Europe does not use such methods widely.

Indeed all the succeeding five chapters on exercise prescription, practical programming, risks of such programmes, benefits of fitness, cost-benefit analysis and future challenges are thought-provoking. The last chapter could be read by politicians with advantage and, at last, we detect the author's views.

The book is well produced with few mistakes. The index is brief.

**R. McL. Archibald**